IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RUBA OTHMAN, as special administrator of the Estate of RAMIZ OTHMAN; SUSAN ANDERSON, individually, and as mother and next friend of SURA OTHMAN, a minor,	)	
Plaintiffs,	)	
-vs-	)	No. 11 CV 5777
CITY OF CHICAGO, a Municipal Corporation; AARON CARRANZA, in his individual and official capacity; and THOMAS BEHAN,	)	
Defendants.	)	

The deposition of HILARY STRAWN McELLIGOTT, MD, taken before Renee M. LaPorta, a Certified Shorthand Reporter, pursuant to the Federal Rules of Civil Procedure for the United States District Courts pertaining to the taking of depositions, at 30 North LaSalle Street, Suite 900, Chicago, Illinois, commencing on the 5th day of June, 2013, at the hour of 10:16 a.m.

PRESENT:

BRUGGEMAN, HURST & ASSOCIATES, LTD.
BY: MR. CHRISTOPHER S. KOCHANOWICZ
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Appeared on behalf of the Plaintiffs;

CITY OF CHICAGO
ASSISTANT CORPORATION COUNSEL
BY: MS. GAIL REICH
30 North LaSalle Street
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(312) 744-1975

Appeared on behalf of the Defendant, City of Chicago;

CITY OF CHICAGO
SENIOR CORPORATION COUNSEL
BY: MS. BARRETT E. RUBENS
30 North LaSalle Street
Suite 900
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Appeared on behalf of the Defendant, Aaron Carranza.

I N D E X

THE WITNESS

HILARY STRAWN McELLIGOTT, MD

EXHIBITS

(WHEREUPON, A DOCUMENT WAS MARKED DR. McELLIGOTT DEPOSITION EXHIBIT NO. 1 FOR IDENTIFICATION AS OF 6/5/13.)

(The witness was duly sworn.)

MS. REICH: Good morning, Doctor.

THE WITNESS: Good morning.

MS. REICH: My name is Gail Reich. I represent the defendants in this matter.

If we could all identify ourselves for the record.

MR. KOCHANOWICZ: Chris Kochanowicz for the estate of Ramiz Othman.

MS. RUBENS: Barrett Rubens on behalf of the defendant, Aaron Carranza, police officer.

MS. REICH: Let the record reflect that this is the deposition of Hilary McElligott.

Did I pronounce that right?

THE WITNESS: Yes.

MS. REICH: In the matter of Othman v. City of Chicago, Case No. 11 CV 5777 currently pending in the U.S. District Court for the Northern District of Illinois, Eastern Division.

This deposition is being taken by

subpoena -- pursuant to subpoena, rather, issued by the plaintiffs in this matter and pursuant to the Federal Rules of Civil Procedure.

HILARY STRAWN McELLIGOTT, MD,

called as a witness herein, having been first duly sworn, was examined and testified as follows:

E X A M I N A T I O N

BY MS. REICH:

Q. Doctor, can you please state and spell your full name for the record including middle name?

A. My full name is Hilary Strawn McElligott; first name, H-i-l-a-r-y, S-t-r-a-w-n, M-c-E-l-l-i-g-o-t-t.

Q. Doctor, have you ever given a deposition before?

A. Yes.

Q. How many times?

A. I believe four.

Q. Okay. And when was the last one that you gave?

A. About a month ago.

Q. So you're familiar with the rules --

A. Yes.

Q. -- generally of giving a deposition?
A. Yes.
Q. That we hope not to talk over each other, you need to give a verbal answer, and things like that?
A. Yes.
Q. So obviously we're here to ask you some questions about the autopsy that you performed on Ramiz Othman, and that was on August 21, 2010, right?
A. Correct. Yes.
Q. And if at any time you need to reference your report, please feel free to do so to refresh your memory.
A. Okay.
Q. Or to assist you in giving your testimony, so obviously we're going to be asking you some questions about that.
If, you know, at any time either I or plaintiffs' counsel asks a question that's not very clear, just let us know, and we'll rephrase it for you.
A. Okay.
Q. If you need to take a break at any time,

let us know, et cetera, et cetera.

I'd like to go first through your CV that you gave us.

A. Okay.

Q. I think that's been marked as Exhibit 1, for the record.

Is this your current curriculum vitae?

A. Yes.

Q. And can you just explain roughly, give a history of your education for us?

A. Sure. I went to undergrad at Loyola University here in Chicago. I graduated in 2001 and then attended St. Louis University of Missouri for medical school where I graduated in 2005 with an M.D.

After that, I came up here again to Northwestern where I trained as a resident in anatomic and clinical pathology at Northwestern, and that was until 2009. At that time, I joined the Medical Examiner's Office for a forensic pathology fellowship for one year.

Q. And just for us lay people, anatomic pathology, what is that?

A. **Anatomic pathology is the study of how disease processes affect the physical human body.**

Q. **Okay. And clinical pathology?**

A. **It's more esoteric; laboratory tests, chemistry, body fluid testing basically.**

Q. **And what about forensic pathology?**

A. **Forensics is a subset of anatomic pathology that focuses on determining the cause of death and the manner of death.**

Q. **And you said once you finished at Northwestern University that you were a resident there?**

A. **Yes.**

Q. **Then you went to the Cook County Medical Examiner's Office?**

A. **Yes.**

Q. **What year was that?**

A. **That was from '09 until July of 2010.**

Q. **So a little over a year?**

A. **It was a one-year fellowship.**

Q. **Okay.**

A. **And then I stayed there until June of last summer, 2012, as an attending.**

Q. **So your title changed?**

A. **Right.**

Q. **As an attending, what were your responsibilities there?**

A. **Performing autopsies and reviewing all pertinent records related to the autopsies, teaching residents and the current forensic pathology fellow, testifying in court, and preparing written protocols of autopsies.**

Q. **So you were, in essence, supervising other doctors in doing autopsies and things?**

A. **Yes.**

Q. **If you had to estimate, I know this is difficult to do, how many autopsies would you say you've done in your career?**

A. **At present, I would say about probably 850 examinations.**

MR. KOCHANOWICZ: Does that include supervising or personal?

THE WITNESS: That's personal. That's total examinations and very approximate.

BY MS. REICH:

Q. **Understood.**

Where are you currently working?

A. **I'm the chief forensic pathologist for**

DuPage County out in Wheaton.

Q. And you've been there for, according to your resume, since April of 2013?

A. Yes, I just started there.

Q. And do you have additional responsibilities there being the chief forensic pathologist?

A. I basically manage the laboratory there and have several employees that I direct and manage with reference to lab maintenance and property control.

Q. Okay. And you're still performing autopsies --

A. Yes.

Q. -- in addition to that?

A. Yes.

Q. Okay. I see you've had some faculty appointments.

A. Yes.

Q. Can you go through those?

A. So when I was at the Medical Examiner's Office, I trained the Northwestern residents, the pathology residents, so I was an adjunct professor of pathology for two years.

Q. **And how many would you say you've trained?**

A. **Probably five-ish.**

Q. **Sorry to interrupt.**

A. **And during that same time and technically extending to present, I was and am an assistant professor of pathology at Rush University, so I had a resident directly under my control.**

Is that bad?

Q. **Supervision?**

A. **Supervision.**

MS. RUBENS: You made it sound evil.

THE WITNESS: Who would do cases that I deemed appropriate for that training to perform at the Medical Examiner's Office.

BY MS. REICH:

Q. **Okay. And you're a member of some professional organizations as well?**

A. **Yes.**

Q. **What are those?**

A. **So I am in the American Academy of Forensic Sciences or AAFS and a fellow of NAME, the National Association of Medical Examiners.**

Q. **And do you hold any positions with those?**

A. **No.**

Q. **Only membership?**

A. **Correct.**

Q. **And you're licensed in the State of Illinois?**

A. **Yes.**

Q. **Since when?**

A. **Since '05.**

Q. **And are you licensed in any other state?**

A. **No.**

Q. **Have you ever practiced in any other state?**

A. **No.**

Q. **Forgive me for asking, but I do have to do my job.**

Have you ever been disciplined in any way?

A. **No.**

Q. **Have you ever received any complaints?**

A. **No.**

Q. **Okay. And never been terminated from any --**

A. **No.**

Q. **-- position as a physician?**

A. **No.**

Q. **What about any authoritative papers? Have you written anything?**

A. **No, nothing.**

Q. **So this address at the top is current?**

A. **Yes.**

Q. **So if we needed to get in touch with you for purposes of trial, this is where --**

A. **Correct.**

Q. **-- we'd find you?**

A. **Correct.**

Q. **At DuPage County Coroner's Office?**

A. **Yes.**

Q. **So you've explained that you've done approximately 850 examinations in your career.**

A. **Yes.**

Q. **Do you have any -- how many of those, excuse me, included gunshot wounds; again, an approximation?**

A. **I would say between 100 and 150 probably.**

Q. **Do you have any specialized training in ballistics at all?**

A. **No.**

Q. **What about any in-house training?**

A. **Beyond general forensics?**

Q. **Correct.**

A. **No, nothing specific to ballistics.**

Q. **Are there any authoritative texts that you refer to in terms of gunshot wounds or ballistics?**

A. **I typically refer to the Vincent DiMaio text.**

Q. **Do you know the name of that?**

A. **I believe it's Gunshot Wounds.**

Q. **I forgot to ask.**

Have you ever testified in court before?

A. **Yes.**

Q. **Are those in criminal cases or civil cases?**

A. **The vast majority are criminal.**

Q. **Have you ever been retained as an expert at all?**

A. **Yes.**

Q. **On how many occasions?**

A. **Once.**

Q. **Was that recently?**

A. **It was last year probably out in DeKalb**

County.

Q. **Was that in a criminal or civil case?**

A. **It was a criminal case.**

Q. **So were you retained on behalf of the State's Attorney office?**

A. **The State's Attorney.**

Q. **Do you have any idea of what the name of that case was?**

A. **I could look it up and get back to you.**

Q. **Okay.**

A. **Sorry.**

MS. REICH: No, that's okay. Just like we said before, it's not a memory test.

Doctor, before we started the deposition, you had a chance to review some photographs and some documents regarding the postmortem examination of Ramiz Othman, and in looking at documents FCRL 1112 through 1136, we will mark them as Exhibit 2 or Group Exhibit 2.

(WHEREUPON, DOCUMENTS WERE MARKED DR. McELLIGOTT DEPOSITION GROUP EXHIBIT NO. 2 FOR IDENTIFICATION AS OF 6/5/13.)

BY MS. REICH:

Q. In your review of Group Exhibit 2, does this contain all the documents from the Medical Examiner's file with respect to reports?

A. Yes, I believe it does.

Q. Okay. And in reviewing these documents, are you able to tell me today which documents you authored?

A. The report of postmortem examination, which would be 14 pages.

Q. So that's FCRL 1112 through 1125?

A. Yes, and then I also completed the diagrams, which would be 1127 and 1128.

Q. And the other documents contained in the file you did not author?

A. I did fill out the last page as well.

Q. Okay.

A. 1136, the death certificate.

Q. Are these documents that you've identified that you authored documents that you've -- that are normally authored by medical examiners in the ordinary course of business?

A. Yes.

Q. Do you find these to be true and accurate

copies of the documents that you authored?

A. Yes.

Q. All right. And we also looked at some photographs as well, correct?

A. Yes.

MS. REICH: And those are photographs which we will mark as Group Exhibit 3, for the record.

(WHEREUPON, PHOTOGRAPHS WERE MARKED DR. McELLIGOTT DEPOSITION GROUP EXHIBIT NO.3 FOR IDENTIFICATION AS OF 6/5/13.)

BY MS. REICH:

Q. All right. So for the record, Group Exhibit 3 is the photographs.

You had a chance to look at those as well, correct?

A. Yes.

MR. KOCHANOWICZ: Are we saying all of the photographs there or just the photographs the doctor has set aside?

MS. REICH: All of them.

MR. KOCHANOWICZ: All of them? Okay.

MS. REICH: We'll make part of the group

exhibit, and just for the record, those are Bates stamped FCRL 1137 through 1184.

BY MS. REICH:

Q. These photographs, were they -- who took them?

A. It was one of our photographs. I don't actually -- the initials are on the tag stamped KK. Her name is Kate Karpella (phonetic spelling).

Q. And your initials are on that tag as well --

A. Yes.

Q. -- that appear in every photo, correct?

A. Correct.

Q. Incidentally, this tag is used for what purpose?

A. The tag is used for identification purposes making sure that each photograph is labeled so we know which case it belongs to.

Q. And so this has the number 351.

Does that indicate Case No. 351?

A. Yes.

Q. Done in August 2010?

A. Correct.

Q. Okay. And the tag also reflects two sets

of initials.

Am I correct in that?

A. Yes.

Q. Yours and -- I'm sorry. Tell me her name again.

A. Kate Karpella, the photographer.

Q. Okay. These photographs were taken at the time that you performed the autopsy?

A. Yes, they were.

Q. And you were present for that?

A. Yes.

Q. And did you direct Ms. Karpella which photographs to take?

A. Yes.

Q. Okay. And this is also a regular practice and done in the ordinary course of business?

A. Yes, it is.

Q. And incidentally, do you take notes during the time that you are performing the autopsy?

A. I do. Those are the diagrams that I previously mentioned that I had filled out and that are included in this report.

Q. **All right. So you're referring to Bates stamp numbers 1127 and 1128?**

A. **Yes.**

Q. **And then based on these diagrams, you then complete this report that is in 1112 through 1126?**

A. **Yes.**

Q. **And how soon thereafter do you complete this report of postmortem examination?**

A. **I dictate it immediately after the autopsy typically.**

Q. **Okay.**

A. **I don't -- it varies. The amount of time it takes me to actually finish it varies.**

Q. **So are you the person who types this up or --**

A. **I proofread it. It goes to a transcription agency somewhere.**

Q. **Okay. And then you review it for accuracy?**

A. **Yes.**

Q. **And compare that to the tape that you dictated?**

A. **Correct.**

Q. **And the notes that you took in FCRL 1127 and 1128?**

A. **Yes.**

Q. **And so would I be correct in assuming that these are your initials at the bottom of every page?**

A. **Yes, they are.**

Q. **Does that indicate the accuracy of the report?**

A. **Yes.**

Q. **Okay. Additionally, on the last page of the report, which would be FCRL 1125, that bears your signature?**

A. **Yes, it does.**

Q. **This date 11/17/10, what does that reflect?**

A. **That is the date that I finalized the report and turned it in to medical records.**

Q. **So it takes a little while for it to be transcribed and to get back to you to review it for accuracy and sign off?**

A. **Yes.**

Q. **And this is done in the ordinary course of business?**

A. **Yes.**

Q. **Okay. The photographs that are in Group Exhibit 3, these photographs are true and accurate depictions of the postmortem examination of Ramiz Othman as conducted in August 2010?**

A. **Yes, they are.**

Q. **All right. Other than the photographer, Kate Karpella, anyone else present during the time that you were conducting this autopsy?**

A. **Yes, there usually are others, but I don't recall who they are at the time. Sorry.**

Q. **When you say others, I understand you mean that you don't remember exactly who they were.**

A. **Yes.**

Q. **But you are able to tell me where they're from or --**

A. **Generally speaking, I have a technician who varies from day to day.**

Q. **This is somebody who assists you --**

A. **Yes.**

Q. **-- in performing the autopsies?**

A. **Yes, who removes the organs and opens the body at my direction.**

Q. **Okay.**

A. **And usually a resident or perhaps a medical student and then in police-involved shootings, there's usually a liaison present from the independent review entity, but I don't recall specifically who was there or if they were there at the time.**

Q. **So typically you say that there's somebody from the Independent Police Review Authority --**

A. **Yes.**

Q. **-- who attends the autopsy?**

A. **Yes.**

Q. **Okay. And you don't recall exactly who that was or whether anybody was there?**

A. **Correct.**

Q. **Because had there been occasions when somebody from the Independent Police Review Authority did not attend the autopsy?**

A. **They're usually there; not in my cases, but in other people's cases they haven't come, and I'm 99 percent sure someone was there for this.**

Q. **Anyone else that you can think of?**

A. **We're never alone in a room, so there are usually two to three other doctors in the room at**

the same time, so people kind of collaborate throughout the course of the autopsy.

Q. Okay. So I'd like to go ahead and start going through your report.

A. Okay.

Q. Incidentally, were there any x-rays done?

A. I believe it's standard protocol that we do. Yes, they were.

Q. And where are you looking?

A. On page 10 of the report.

Q. Got it, which would also be FCRL 1121?

A. So there were x-rays of the head, neck, chest, abdomen, pelvis, upper extremities, hands, and the lower extremities.

Q. Do you review those x-rays?

A. I do.

Q. Are you the one who takes those?

A. No.

Q. Who takes those?

A. An x-ray technician.

Q. And somebody at your facility?

A. Yes, it's in-house.

Q. Is that done prior to the autopsy being performed?

A. **Yes, it is.**

Q. **Okay. So let's start from the beginning of the report.**

Starting on page 1, I understand that the examination took place on August 21, 2010, correct?

A. **Yes.**

Q. **And it indicates the Mr. Othman died on August 20, 2010, the day before?**

A. **Yes.**

Q. **Let's go through the external examination.**

What did you find?

A. **Could you be more specific?**

Q. **Well, in this case, for example, you -- I mean, the first sentence is, "The body is received unclothed."**

A. **Yes.**

Q. **So did you receive clothes separately?**

A. **Yes.**

Q. **Okay.**

A. **So the way the body was presented to me at the time of autopsy was unclothed with several articles of clothing with the body or adjacent to**

the body on the stretcher and so there was -- would you like me to list the articles of clothing?

Q. **Yes, please.**

A. **So I received a head scarf, which was black, a white sleeveless shirt, a white T-shirt, blue jeans, black underwear, and a black belt that had a white metal buckle; and most of these articles of clothing had holes that were consistent with gunshot defects in them.**

Q. **Do you list those in your examination of the clothing?**

A. **I do.**

Q. **Okay. Is it fair to say that that clothing that was received along with the body as depicted in photographs 1172, 1173, 1174, 1175, 76, and 77?**

A. **Yes.**

Q. **Now, you indicate in your report that Mr. Othman was a white male weighing 167 pounds and measuring five-feet six and his reported age of 28 years old?**

A. **Yes.**

Q. **And there's also a description of him in the paragraph two paragraphs below that explaining**

that he has long hair that's brown and braided; is that correct?

A. Yes.

Q. You also indicate that he's got -- there's an apparent piercing in his left ear lobe?

A. Yes.

Q. Why do you indicate the skeleton of the nose is intact to palpitation -- excuse me, palpation?

A. Just to indicate that he doesn't have a broken nose, so if it's -- if you wiggle it and it moves freely, that's a sign of injury.

Q. Okay. So you noted no injury to his nose?

A. Correct.

Q. And forgive me because I may ask you to explain things further.

A. No problem.

Q. Let's move on to page 2 of your report. Let's talk about the identifying marks and tattoos that you found on Mr. Othman.

A. Okay.

Q. Can you explain the three items listed there?

A. **Under the identifying marks category, there were three tatoos, one of which was on the right upper arm that appeared to be the word one, o-n-e. One was on the left upper arm that appeared to be the word love and then across the upper back there was a tatoo of a word that I couldn't read at the time.**

Q. **So referring you to page FCRL 1182, for the record, is this the tatoo of the illegible word on Mr. Othman's back that you refer to in No. 3 under identifying marks, scars, and tatoos?**

A. **That is it, yes.**

Q. **And looking at it today, you still don't know what that word is?**

A. **It looks like a misspelled word, villian; like villain.**

Q. **Like villain, but misspelled? Okay. Thank you.**

For the record, that's also depicted in FCRL 1178?

A. **Yes.**

Q. **And with respect to the other two tatoos, is it fair to say that the tatoo described in item No. 2, the word love, that appears in FCRL 1166?**

A. **Yes.**

Q. **Is there something beyond the word love that's in that tatoo?**

A. **There is, but I'm not sure what it is though.**

Q. **Okay. And the tatoo described in item No. 1 under identifying marks, scars, and tattoos, is that depicted in FCRL 1165?**

A. **Yes.**

Q. **The word one with something below it?**

A. **Yes.**

Q. **Are you able to discern what that is below it?**

A. **If I had to guess, I'd say it's maybe a paw or claws or something of that nature.**

Q. **Okay.**

A. **If I can't tell, I just don't describe it in my report so...**

Q. **Understood.**

A. **I describe what I can tell.**

Q. **Understood.**

Let's move on to the evidence of injury.

A. **Okay.**

Q. **And here's where I'm really going to need you to explain some things.**

All right. Correct me if I'm wrong. Actually, if you could just read your description and then I'll ask you to explain a few things with respect to evidence of injury No. 1, but I'm also going to ask you to point that out in one of the paragraphs where you see that injury so we can correlate the two.

A. **Okay. So the first item under this category reads:**

"On the left side of the neck, 9.0 inches beneath the top of the head and 2.5 inches to the left of the anterior midline, there's a round gunshot wound of entrance, 0.4 inches in greatest diameter. There is an eccentric margin of abrasion surrounding the gunshot wound of entrance, 0.3 inches from 11 o'clock to 2 o'clock and 0.2 inches from 6 o'clock to 9 o'clock. The wound course involved the skin and subcutaneous tissues in the area, the left internal jugular vein, larynx, thyroid gland, and anterior right ribs. The wound course exits the body on the right side of the chest, 12.5 inches beneath the top of the

head and 3.5 inches to the right of the anterior midline where there is a lacerated gunshot wound of exit, 0.6 inches in greatest diameter. The wound course contributes to aspiration of blood throughout the tracheobronchial tree and into both lungs, to diffuse hemorrhage into the musculature of the neck, and to multiple right rib fractures with associated intramuscular hemorrhage. The wound course is from back to front, left to right and downward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

Q. **So before we go further, your report indicates evidence of injury obviously in several places --**

A. **Yes.**

Q. **-- on Mr. Othman's body, so when you're performing an autopsy and creating this report, how do you make sense or in what fashion do you go about identifying the wounds and documenting them?**

A. **I personally go from head to toe, so I start with the head and neck and then I move from right to left and head to toe down the chest and abdomen and genitalia and then I move to the right**

upper extremity and then to the left and then I move to the back and buttocks and then I move to the lower extremities.

Q. So that's just your orderly fashion. It doesn't indicate in what sequence the evidence of injury occurred?

A. That's correct.

Q. Or the injury occurred, rather?

A. Right. Correct.

Q. Okay. Now, corresponding to No. 1, are you able to show us in a photograph from Group Exhibit 3 this gunshot wound?

A. Yes.

Q. Entrance and exit --

A. Yes.

Q. -- if you can?

A. Yes, I can do that.

Q. Okay.

A. It's visible in this photograph.

Q. We're referring to 1145?

A. And there's a close-up in...

Q. 1157?

A. That's the entrance wound and then the exit is visible in 1145. It's on this upper right

side of the chest, and I believe this is the close-up, 1149, of the exit.

Q. Okay. So per plaintiffs' counsel's suggestion, can you circle or maybe mark next to it --

MR. KOCHANOWICZ: My suggestion would be to draw a line just so we're not getting too --

MS. RUBENS: A line and then No. 1 entrance or something like that.

MR. KOCHANOWICZ: And in the margin just put 1A and then 1B.

MS. REICH: Okay.

MR. KOCHANOWICZ: I don't know if that --

MS. RUBENS: Or maybe more than A and B, you know.

MR. KOCHANOWICZ: That's true.

MS. RUBENS: I could actually write out the word whether it's exit or entrance.

BY MS. REICH:

Q. Maybe you can do entrance and exit for those with the blue pen?

A. So you want me to write 1 entrance and 1 exit with a line?

Q. Yes, if you need a ruler.

A. That's okay.

Do you mind if I write right next to it or do you want me to write somewhere else? Do you care?

MR. KOCHANOWICZ: I'd suggest you write in the margin up here.

THE WITNESS: If I write here?

MR. KOCHANOWICZ: And then you can draw a line to it.

THE WITNESS: Okay.

MR. KOCHANOWICZ: I mean, I don't think at some point we won't cross lines.

MS. RUBENS: Off the record.

(Whereupon, a discussion was held off the record.)

THE WITNESS: Okay. Would you like me to connect the two?

MS. REICH: Please.

THE WITNESS: (Witness complies.)

MS. REICH: So let the record reflect that the witness has complied and written 1 at the entrance of No. 1 as described in her report and the exit as well.

BY MS. REICH:

Q. Are you able to tell the difference between an exit and an entrance wound?

A. So typically, not always, but typically an entrance is round or rounder than the exit and will have a margin of abrasion, which I referred to in my description, but that's basically where the bullet pulls on the skin around the entrance site and causes a scratch or a scrape because it's actually scraping the skin as it goes into the body and then exit --

Q. And sorry. Just for the record, you're pointing to the close-up on 1157 which you say is the entrance wound for No. 1?

A. Yes.

Q. Okay.

A. Again, this is a generalization for entrances.

Q. Sure.

A. Not all look as nice as that.

An exit is lacerated, meaning torn, so the bullet is pushing out of the body and so you don't get that nice scratching wound usually. So this close-up here in 1149, you can see the edges

are jagged, and we don't have that abrasion surrounding it as we did in the entrance wound.

Q. And how is it that you are able to correspond one entrance wound with another exit wound?

A. During the course of an autopsy, during the internal exam you can often see hemorrhage in the areas between the two injuries. So you're looking for actual physical connection between the two, and you're also using probes at times which you put into the entrance wound and track along the course that the bullet makes, and it will often lead you to the general direction of the exit.

Q. Okay. So in this particular case with injury No. 1, what tissues or organs were affected by this particular gunshot?

A. So it was mostly the neck organs. You have the internal jugular vein on the left side of the neck, the larynx which is part of the windpipe, the thyroid gland which is in the neck, and also some of the right ribs on the very upper right side of the chest.

Q. You said there was damage to the right ribs?

A. **Yes.**

Q. **Okay. Are you able to -- you also say that -- sorry. Strike that.**

It also says that the wound course is from back to front, left to right and downward.

Just for my understanding, when you say back to front, I'm confused because you do say that the entrance is on the front of the body, so can you explain that?

A. **So if you look at this photograph, 1145, the location of this entrance on the left side of the neck is just slightly farther back than the exit on the chest, so because it sits farther back toward the buttocks, it's technically from back to front.**

Q. **Okay.**

A. **It's slight, but it's still from back to front.**

Q. **Understood.**

The last sentence of No. 1 states: "Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

What does that mean?

A. That means there's no soot or stippling surrounding the gunshot wound which are typical indicators of close-range firing, so a gun being close to the body at the time of its being fired.

Q. You mentioned soot and stippling.

A. Yes.

Q. Can you explain?

A. So soot is basically powder that comes out of the barrel of the gun when a projectile is fired out of it. It's what actually causes the bullet to be fired, and some of that powder will land on the skin typically if the gun is within -- a handgun is within 12 inches of the body.

Stippling is little bits of gunpowder that aren't burnt, so they basically fly out of the barrel of the gun and scratch the surface of the skin. That's stippling, and that's with handguns typically seen between 2 and 4 feet from the barrel of the gun.

MR. KOCHANOWICZ: I'm sorry. What did you say? Flies out and scratches the surface of the skin?

THE WITNESS: So it's bits of unburned powder, so basically a tiny projectile; so when it

flies out, it just scratches the skin.

MR. KOCHANOWICZ: Okay.

THE WITNESS: You can still see the powder, so it looks like a little black speck.

BY MS. REICH:

Q. And in reviewing your report, just to make this a little easier, you didn't find any evidence of soot or stippling on any of the gunshot wounds, did you?

A. No, I didn't.

Q. And, therefore, you found no evidence of close-range firing meaning within 4 feet, give or take?

A. Give or take, yes.

Q. On any of the wounds that were found on Ramiz Othman?

A. Correct.

Q. I also wanted to ask you about the measurements generally. I won't go through them on each and every one, but you do indicate -- you do indicate several measurements for each and every wound.

Can you just explain how you go about making those measurements and identifying

where the wounds are?

A. Yes, so any given gunshot wound is measured relative to the head or to the feet. If a gunshot wound is on the upper half of the body, I measure its distance from the top of the head.

So when I say 9 inches from the top of the head, that means that position on the neck is located 9 inches from the vertex and then I measure from the midline of the body toward the right or left, wherever the entrance or exit happens to be.

Then additional measurements include the actual width of the injuries themselves, so the entrance and the exit, and then I refer to the margin of abrasion which is the scratching injury around the entrance or an exit. I measure -- it's like the face of a clock, so towards the head the injury is at -- so the vertex is 12 o'clock. The feet are 6:00 o'clock, so then the margin of abrasion is measured relative to the face of a clock.

Q. Okay.

A. I'm not sure if that answers your question.

Q. **No, that does.**

A. **Okay.**

Q. **Actually, very well.**

Since you indicated that this particular gunshot wound involved the -- for example, the jugular vein, what type of effect would that have?

A. **Could you be more specific?**

Q. **Could that have been a fatal shot?**

A. **Yes, it's possible.**

Q. **Okay. It's also indicated when you explain what organs and tissues were involved, you also mention the larynx.**

Could that have been fatal?

A. **Yes, bleeding into the airway caused by the bullet traveling through it can cause you to aspirate blood and not be able to breathe properly.**

Q. **Did you find evidence of that?**

A. **He did aspirate some blood into both lungs.**

Q. **What about injury to the thyroid gland? Could that have been fatal?**

A. **That's not necessarily fatal in and of itself in isolation.**

Q. **And in terms of striking the anterior right ribs, is it fair for me to submit that's probably not fatal?**

A. **In and of itself, no, it would not be fatal in a normal person.**

Q. **Okay. Why don't we move on to No. 2.**

A. **Okay.**

Q. **In terms of No. 2, if you wouldn't mind reading that, for the record?**

A. **"No. 2: On the right side of the chest 22.0 inches beneath the top of the head and 5.5 inches to the right of the anterior midline, there is a round gunshot wound of entrance, 0.4 inches in greatest diameter. There is a circumferential margin of abrasion present about the gunshot wound of entrance, 0.1 inch. The wound course involved the skin and subcutaneous tissues in the area, the anterior right ribs, the pericardial sac, posterior wall of the right ventricle of the heart, posterior right ribs, and the musculature of the right side of the back. A deformed copper-jacketed bullet is recovered from the right side of the back, 13.0 inches beneath the top of the head and 1.0 inch to the right of the posterior midline. The wound**

course contributes to multiple right rib fractures with associated intramuscular hemorrhage, and to a right hemothorax with approximately 400 mL of fluid and clotted blood in the right chest cavity. The wound course is from front to back, right to left and upward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

Q. All right. So I'm going to ask you to explain that in layman's terms.

A. Sure.

Q. And again, indicate on the photographs -- let's start with the photographs where No. 2 you would find on the body in the photographs.

A. Okay. So there's only going to be an entrance on these photographs because we recovered a bullet.

Q. Okay.

A. So it's seen on 1145 again.

Do I just write the same thing?

Q. 2 and entrance, please.

A. (Witness complies.)

MS. REICH: And let the record reflect that the witness is marking wound No. 2 as listed

on her report on page 1114.

BY MS. REICH:

Q. So I understand that this -- looking at the middle of this paragraph from your report, can you explain in layperson's terms what injuries occurred because of that gunshot wound?

A. So he was shot on the right side of the chest. It broke some ribs and went through the heart, and it caused bleeding into the right side of the chest.

Q. And that bullet you found still within the body?

A. Yes.

Q. Okay. And you recovered that from the back?

A. Yes.

Q. Is this a shot that could have been fatal?

A. Yes.

Q. In the same sense, you said that the wound course goes from front to back?

A. Yes.

Q. Meaning the entrance --

A. Yes.

Q. -- is more toward the front of the body?
A. That's correct.
Q. All right. Let's move on to No. 3.
A. Would you like me to read it again?
Q. If you wouldn't mind.
A. "No. 3: On the left side of the chest, 19.0 inches beneath the top of head and 6.0 inches to the left of the anterior midline, there is a round gunshot wound of entrance, 0.4 inches in greatest diameter. There is an eccentric margin of abrasion present about the gunshot wound of entrance, 0.1 inch from 12 o'clock to 9 o'clock. The wound course involves the skin and subcutaneous tissues in the area and the musculature of the left and right sides of the chest. The wound course exits the body on the right side of the chest, 19.0 inches beneath the top of the head and 4.0 inches to the right of the anterior midline, where there is a lacerated gunshot wound of exit, 0.8 inches in greatest diameter. The wound course is from right to left. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."
Q. Can you identify on FCRL 1145 and mark

where No. 3 is an entrance an exit?

A. (Witness complies.)

Q. If could you draw a line between the two as you did with No. 1?

A. (Witness complies.)

Q. Thank you.

In layperson's terms, can you explain to me what wound occurred because of No. 3?

A. He was shot on the left side of the chest, but this was a very superficial injury that only damaged the muscle on the front of the body, so it just basically went across the chest and belly right under the skin and came out.

Q. Tissue only, no ribs involved?

A. Correct.

Q. And would this have been fatal in any way?

A. No.

Q. I'm sorry. I may have missed this, but the wound course from shot No. 3 as identified in your report goes in what direction?

A. I'm sorry if I misspoke. It's from left to right.

Q. Okay.

MS. RUBENS: So does that mean the report is wrong?

THE WITNESS: For No. 3?

MS. RUBENS: For No. 3.

THE WITNESS: Oh, yes. I'm sorry. You're right. I didn't even notice that.

MS. RUBENS: So --

THE WITNESS: So the last sentence should be from left to right.

BY MS. REICH:

Q. **The second-to-last sentence?**

A. **That's correct.**

MS. REICH: Thank you.

Anybody mind if we take a quick break?

MR. KOCHANOWICZ: No.

(Whereupon, a short break was taken.)

BY MS. REICH:

Q. **All right. I think that's it for No. 3.**

Let's move on to No. 4, if you'd be so kind?

A. **"No. 4: On the right side of the abdomen, 27.5 inches beneath the top of the head**

and 6.5 inches to the right of the anterior midline, there is a round gunshot wound of entrance, 0.4 inches in greatest diameter. There is a circumferential margin of abrasion present about the gunshot wound of entrance, 0.1 inch. The wound course involves the skin and subcutaneous tissues in the area, the musculature of the right side of the abdomen, right kidney, right adrenal gland, and the posterior right ribs. The wound course contributes to a hemoperitoneum with approximately 550 mL of clotted blood in the peritoneal cavity, to diffuse retroperitoneal hemorrhage, and the multiple right rib fractures with associated intramuscular hemorrhage. The wound course exits the body on the right side of the back, 21.0 inches beneath the top of the head and 5.0 inches to the right of the posterior midline. The wound course is from front to back, right to left and upward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

Q. **All right. So if you would be so kind as to identify on the photographs where the entrance and exit wounds are, for the record, and then --**

A. Sure. I have to search for the one on the back.

Q. That's fine.

A. Sorry. I just want to make sure I find the right one.

MS. REICH: So let the record reflect that the witness is identifying the exit wound, right?

THE WITNESS: Yes, this is the exit.

BY MS. REICH:

Q. On FCRL 1179?

A. Correct.

Q. And understanding obviously that you cannot draw a line between the two.

A. Entrance is on --

Q. Not with this one.

A. Entrance is on 1145.

Q. Okay.

A. And the exit is on 1179.

Q. All right. One thing I do notice is that your report says in No. 4 this involved the right kidney.

A. Yes.

Q. Do you have any opinion as to whether

this is a potentially fatal shot?

A. Yes, it is potentially fatal.

Q. And can you explain -- in my notes it says the right adrenal gland.

A. Yes.

Q. Is that potentially fatal?

A. It could be, yes.

Q. Obviously the posterior right ribs, fatal or not fatal?

A. Not by themselves, no.

Q. Can you explain the following sentence beginning with the wound course --

A. Sure.

Q. -- in lay terms?

A. Basically that just means there's blood in the abdomen, so about a half liter of blood, so these injuries have caused bleeding into the abdomen itself and into the -- the retroperitoneal hemorrhage means hemorrhage into the muscle and soft tissue in the back.

Q. And is that something that could be fatal?

A. Yes.

Q. Let's move on to No. 5.

A. **"No. 5: On the left side of the abdomen, 24.0 inches beneath the top of the head and 2.8 inches to the left of the anterior midline, there is a round gunshot wound of entrance, 0.3 inches in greatest diameter. There is a circumferential margin of abrasion present about the gunshot wound of entrance, 0.1 inch. The wound course involves the subcutaneous tissues in the area, the musculature of the left side of the abdomen, and the musculature of the right side of the chest. The wound course exits the body on the upper right side of the chest, 18.0 inches beneath the top of head and 8.5 inches to the right of the anterior midline, where there is a lacerated gunshot wound of exit, 0.6 inches in greatest diameter. The wound course is from left to right and upward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."**

Q. **And if you could identify those on, most likely, 1145 and --**

A. **And draw a line?**

Q. **If you wouldn't mind.**

A. **(Witness complies.)**

Q. **And this wound, would this be potentially fatal?**

A. **No.**

Q. **Why is that?**

A. **It's similar to, I believe, No. 3 where the injury involves only the subcutaneous, very superficial muscle tissue of the body, so it doesn't involve any major organs.**

Q. **No. 6?**

A. **"On the left side of the abdomen, 27.0 inches beneath the top of the head and 3.2 inches to the left of the anterior midline, there is an oblique graze gunshot wound, 0.7 inches in length. The wound course involves the superficial layers of the skin. Examination of the skin about the gunshot wound reveals no evidence of close-range firing."**

Q. **Okay. Is it possible to identify that?**

A. **You can see the top of it on 45. I'm not sure if there's a better...**

Q. **Try 1146.**

A. **Oh, there.**

Q. **1161?**

A. **Yes, 1161.**

Just write the number 6?

Q. If you wouldn't mind, please.

A. (Witness complies.)

Q. Thank you.

Now, as I understand it, that's just a graze wound?

A. Yes.

Q. And meaning what?

A. Meaning the bullet glanced across the surface of the skin. It just caused a scratch, scratching injury.

Q. And is it fair for me to assume that's not fatal?

A. That's correct.

Q. Okay. No. 7?

A. "On the lower left side of the abdomen, 27.0 inches beneath the top of the head and 5.5 inches to the left of the anterior midline, there is a round gunshot wound of entrance, 0.3 inches in greatest diameter. There is an eccentric margin of abrasion present about the gunshot wound of entrance, 0.2 inches from 12 o'clock to 7 o'clock, and 0.1 inch from 7 o'clock to 12 o'clock. The wound course involves the skin and subcutaneous

tissues in the area, the musculature of the left side of the abdomen, the small intestine, large intestine, mesentery, and the musculature of the right buttock and right thigh. A deformed copper-jacketed bullet is recovered from the musculature of the proximal right thigh, 31.0 inches beneath the top of the head and 6.0 inches to the right of the anterior midline. The wound course contributes to a hemoperitoneum with approximately 550 mL of fluid and clotted blood in the peritoneal cavity. The wound course is from left to right and downward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

Q. Could you identify the entrance wound? My understanding is there's no exit wound because you found the bullet inside.

A. That's correct. It's again on 61, 1161.

Q. Okay. Could this have been potentially fatal?

A. Yes.

Q. Why is that?

A. It, again, contributed to bleeding inside the abdomen.

Q. **All right. And it involved some major organs?**

A. **Yes.**

Q. **What were those?**

A. **The intestines. Both the small and large intestines were the major organs that were involved.**

Q. **Now, incidentally, are you able to tell from the other photographs -- which I understand there are photographs of the bullets that were recovered.**

A. **Yes.**

Q. **Are you able to tell which ones were --**

A. **Potentially they should be labeled according to the anatomic site of recovery, so 1141 is labeled right thigh, which is most likely the projectile from that injury.**

Q. **Okay. Thank you.**

Let's move on to No. 8.

A. **"No. 8: On the upper left side of the back, 10.0 inches beneath the top of the head and 7.0 inches to the left of the posterior midline, there is an ovoid gunshot wound of entrance, 0.4 inches in greatest diameter. There is a**

circumferential margin of abrasion present about the gunshot wound of entrance, 0.1 inch. The wound course involves the skin and subcutaneous tissues in the area, the musculature of the left side of the back, the posterior left ribs, upper lobe of the left lung, and the thoracic aorta. The wound course exits the body on the left side of the chest, 15.5 inches beneath the top of the head and 0.5 inches to the left of the anterior midline where there is a shored gunshot wound of exit, 0.4 inches in greatest diameter. There is an eccentric margin of abrasion present about the gunshot wound of exit, 0.3 inches from 12 o'clock to 2 o'clock. 0.8 inches from 2 o'clock to 3 o'clock, and 0.1 inch from 3 o'clock to 12 o'clock. The wound course contributes to a left hemothorax with approximately 400 mL of fluid and clotted blood in the left chest cavity, and to multiple left rib fractures with associated intramuscular hemorrhage. The wound course is from back to front, left to right and downward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

Q. **Okay. In terms of No. 8, are you able to**

identify and mark on the photographs the entrance and exit wounds?

A. Yes.

Q. Please.

A. So the entrance is seen on 1178 with a close-up in 1138, and the exit is on 1145 again.

Q. And so what major organs, if any, did this gunshot --

A. So this injury involved the left lung and the aorta in the chest, the thoracic aorta.

Q. Is that potentially fatal?

A. Yes.

Q. And the trajectory of that, the wound course?

A. So this is from back -- the back to the front, left to right and down.

Q. Okay. Let's turn to No. 9.

A. "On the right side of the back, 20.0 inches beneath the top of the head and 1.0 inch to the right of the posterior midline, there is a round gunshot wound of entrance, 0.3 inches in greatest diameter. There is an eccentric margin of abrasion present about the gunshot wound of entrance, 0.1 inch, except at 3 o'clock and 9

o'clock where it measures 0.3 inches. The wound course involves the skin and subcutaneous tissues in the area and the musculature of the right side of the back. The wound course exits the body in the right axilla, 16.0 inches beneath the top of the head and 6.0 inches to the right of the midline, where there is a lacerated gunshot wound of exit, 0.3 inches in greatest diameter.

The wound course partially re-enters the body on the medial right upper arm, 16.0 inches beneath the top of the head, where there is a shored ovoid gunshot wound of partial re-entrance, 0.7 inches in greatest diameter. There is an eccentric margin of abrasion present about the gunshot wound of partial re-entrance, 0.2 inches from 6 o'clock to 12 o'clock, except at 9 o'clock where it measures 0.3 inches. The wound course involves the skin and subcutaneous tissues of the right upper arm. The wound course is from left to right and upward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

Q. **In layperson's terms, does that mean -- in layperson's terms, what does that mean?**

A. So there's a gunshot wound to the right back which comes out the right armpit. It just gets the muscle and soft tissues in the area and then as it comes out the right armpit, it starts to go in the right arm right next to the armpit, but it doesn't go in much farther than the superficial layers.

Q. And did you recover a bullet from there?

A. No.

Q. Okay. So it even passed through --

A. It --

Q. -- or just --

A. It went in a little bit and came out again.

Q. Something more than a graze wound?

A. Right.

Q. Are you able to identify those wounds on any of the photographs?

A. Yes, the entrance is seen on 1179.

Q. Thank you.

A. And with a close-up in 1183.

Would you like me to label both?

Q. Please.

A. (Witness complies.)

Q. **Thank you.**

A. **The exit in the armpit is seen in 1164 as is the partial re-entry.**

I hesitate to draw a line just because they're right next to each other when they occurred.

Q. **So meaning that -- okay. So as Mr. Othman is depicted in the photograph, his arm is raised above his head?**

A. **Correct.**

Q. **So am I understanding or is it fair to say that his arm was not in the position above his head?**

A. **That's correct.**

Q. **But closer down by his side --**

A. **Correct.**

Q. **-- at the time that the injury occurred?**

A. **So the arm is right next to the exit, which is why there's a re-entry right there.**

Q. **Could this have been a potentially fatal shot?**

A. **No, not by itself.**

Q. **Okay.**

A. **Would you like me to label this?**

Q. **Please.**

A. **(Witness complies.)**

Q. **Also, 1178 you see the re-entry?**

A. **And the entry here.**

Q. **Oh, please. Yes.**

A. **(Witness complies.)**

Q. **Okay. No. 10?**

A. **"On the left side of the back, 22.0 inches beneath the top of the head and 2.0 inches to the left of the posterior midline, there is a round gunshot wound of entrance, 0.3 inches in greatest diameter. There is a circumferential margin of abrasion present about the gunshot wound of entrance, 0.1 inch. The wound course involves the skin and subcutaneous tissues in the area, the posterior left ribs, the upper lobe of the left lung, and the lateral left ribs. The wound course contributes to a left hemothorax with approximately 400 mL of fluid and clotted blood in the left chest cavity and to multiple left rib fractures with associated intramuscular hemorrhage. The wound course exits the body on the left side of the chest, 15.0 inches beneath the top of the head and 6.0 inches to the left of the anterior midline**

where there is a shored lacerated gunshot wound of exit, 0.8 inches in greatest diameter. There is a circumferential margin of abrasion present about the gunshot wound of exit, 0.2 inches. The wound course is from back to front, right to left and upward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

Q. If you could identify those on the photographs?

A. (Witness complies.)

1179 shows the entrance as does 1183 in close-up as does 1158. This shows the exit and 1170.

Q. Are you marking all of those?

A. Yes.

Q. Thank you.

Are you able to tell whether that's a potentially fatal shot?

A. This is potentially fatal.

Q. Why is that?

A. It involves the left lung, which is a very vascular organ and causes or contributes to approximately 400 milliliters of blood in the chest

cavity, which is a large amount of blood.

Q. Okay. Where is the exit?

A. Of the armpit here.

Q. Oh, okay.

A. So it's on the front or more on the side, but you can't see it from the back because it's like over here. (Indicating.)

Q. Is that this here?

A. Yes.

Q. Okay. So on 1145, it's all the way on the right side?

A. Would you like me to --

Q. On 1145.

Do we have that here somewhere?

A. It's somewhere, I'm sure. There it is.

What number was that?

MR. KOCHANOWICZ: 10.

MS. REICH: 10.

THE WITNESS: Thank you.

BY MS. REICH:

Q. Let's move on to No. 11.

A. "On the left side of the back, 22.0 inches beneath the top of the head and 5.0 inches to the left of the posterior midline, there is a

round gunshot wound of entrance, 0.3 inches in greatest diameter. There is a circumferential margin of abrasion present about the gunshot wound of entrance, 0.1 inch. The wound course involves the skin and subcutaneous tissues in the area, the musculature of the left side of the back, the small intestine, large intestine, mesentery, abdominal aorta, and right psoas muscle. A deformed copper-jacketed bullet is recovered from the right psoas muscle in the pelvis, 28.0 inches beneath the top of the head and 5.0 inches to the right of the midline. The wound course contributes to a hemoperitoneum with approximately 550 mL of fluid and clotted blood in the peritoneal cavity. The wound course is from back to front, left to right, and downward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

Q. Is this a potentially fatal shot?

A. Yes.

Q. Why is that?

A. It involves the aorta in the abdomen and the intestines, all of which are very major organs.

Q. For my benefit, the mesentery?

A. That's just a layer of fat that overlies the intestines.

Q. Thank you.

A. Sure.

It's seen on 1179, the entrance.

Q. Are you able to tell or associate which bullet --

A. I believe it's 1143. It says right abd, a-b-d, which is right abdomen, or right abdo, a-b-d-o.

MR. KOCHANOWICZ: Would that be the left side though?

THE WITNESS: It's labeled according to where it's recovered; so if it was found on the right abdomen, we label the bullet right abdomen.

MR. KOCHANOWICZ: Okay.

BY MS. REICH:

Q. Okay. No. 12?

A. "On the right side of the back, 23.0 inches beneath the top of the head and 1.0 inch to the right of the posterior midline, there is a round gunshot wound of entrance, 0.3 inches in greatest diameter. There is a circumferential margin of abrasion present about the gunshot wound

of entrance, 0.1 inch. The wound course involves the skin and subcutaneous tissues in the area, the musculature of the right side of the back, the small intestine, large intestine, mesentery, liver, and lateral right ribs. A deformed copper-jacketed bullet is recovered from the musculature of the right lateral chest, 18.0 inches beneath the top of the head and 5.0 inches to the right of the anterior midline. The wound course contributes to a hemoperitoneum with approximately 550 mL of fluid and clotted blood in the peritoneal cavity, and to multiple right rib fractures with associated intramuscular hemorrhage. The wound course is from back to front, left to right and upward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

Q. Okay. And is this a potentially fatal shot?

A. Yes.

Q. And that's because...

A. Again, it involves the intestines and leads to -- contributes to that bleeding in the abdomen. It also involves the liver, which is a

very vascular organ, meaning it bleeds a lot.

Q. Okay. Thank you.

A. So this entrance for 12 is seen again on 1179, and there's a close-up somewhere. This is it, 1183.

Q. You're marking that one too, and that one you recovered a bullet as well?

A. Yes.

Q. Can you identify which one that was based on the photographs?

A. 1142 is labeled right chest.

Q. Okay. Thank you.

All right. No. 13?

A. "On the lower left side of the back, 30.0 inches beneath the top of the head and 1.0 inch to the left of the posterior midline, there is an ovoid gunshot wound of entrance, 0.3 inches in greatest diameter. There is a circumferential margin of abrasion present about the gunshot wound of entrance, 0.1 inch. The wound course involves the skin and subcutaneous tissues in the area, the musculature of the left side of the back, the large intestine, and mesentery. The wound course exits the body on the lower left side of the abdomen,

29.0 inches beneath the top of the head and 3.0 inches to the left of the anterior midline, where there is a shored lacerated gunshot wound of exit, 0.4 inches in greatest diameter. There is an eccentric margin of abrasion present about the gunshot wound of exit, 0.4 inches from 10 o'clock to 12 o'clock and 0.2 inches from 2 o'clock to 10 o'clock. The wound course is from back to front, right to left and slightly upward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

Q. **Are you able identify those in the photographs?**

A. **The entrance is seen on 1179. You know, I'm sorry. I transposed the 7 entrance and the 13 exit, so should I just switch these?**

MS. RUBENS: Yes, cross it out with a line.

MS. REICH: If you made an error, cross it out and initial it.

THE WITNESS: Sorry.

MR. KOCHANOWICZ: Which one?

THE WITNESS: It's this one here.

(Indicating.)
BY MS. REICH:
Q. So No. 7 that you indicated before on --
A. Yeah.
Q. -- photograph 1161?
A. Uh-huh. Yes, so it's this one instead.
MR. KOCHANOWICZ: Okay.
THE WITNESS: Sorry.
This is 13, right?
MS. RUBENS: Yes.
BY MS. REICH:
Q. Yes, we're on 13.
A. Sorry about that.
Q. Okay. I'm sorry if I asked you this.
Did you say that this was a potentially fatal shot?
A. I don't remember. Sorry.
MS. RUBENS: I don't think you asked that.
THE WITNESS: This is potentially fatal, yes.
BY MS. REICH:
Q. And why is that?
A. This also involves some major organs

including the large intestine.

Q. No. 14?

A. 14 just indicates a small scratching injury to the right wrist.

It says: "On the anterior right wrist, there is a red abrasion 0.1 inch in greatest diameter."

Q. Do you happen to have a photograph of that?

A. I don't believe that I do.

Q. Okay.

A. It's a pretty nonspecific injury.

Q. And also not fatal?

A. Correct.

Q. No. 15?

A. "On the anterior left hand, 29.5 inches beneath the top of the head, there is a round gunshot wound of entrance, 0.3 inches in greatest diameter. There is a circumferential margin of abrasion present about the gunshot wound of entrance, 0.1 inch. The wound course involves the skin and subcutaneous tissues in the area, and the musculature and tendons of the left hand. The wound course exits the body on the posterior left

hand, 29.0 inches beneath the top of the head, where there is a lacerated gunshot wound of exit, 1.5 inches in greatest diameter. The wound course is from front to back and slightly upward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

Q. I think we have close-ups of --

A. Yes, somewhere.

Q. -- if I'm not mistaken, 1171 and 1167. Hang on. There's still these.

A. Yeah.

Q. So can I assume that 1171 is the entrance?

A. Yes.

Q. And 1167 shows the exit --

A. Yes.

Q. -- for No. 15?

A. Yes.

Q. And it's fair for me to assume that's not fatal?

A. Correct.

Q. No. 16.

Oh, sorry. Have you finished

marking?

A. Yes.

Q. Okay.

A. "No. 16: On the posterior left forearm, 18.0 inches beneath the top of the head, there is a round gunshot wound of entrance, 0.3 inches in greatest diameter. There is a circumferential margin of abrasion present about the gunshot wound of entrance, 0.1 inch. The wound course involves the skin and subcutaneous tissues in the area, the musculature of the left arm, the left humerus and left ulna. The wound course exits the body on the medial left upper arm, 16.0 inches beneath the top of the head, where there is a shored lacerated gunshot wound of exit, 0.7 inches in greatest diameter. The wound course contributes to comminuted fractures of the distal left humerus and proximal left ulna. The wound course is from back to front, slightly rightward, and upward. Examination of the skin about the gunshot wound of entrance reveals no evidence of close-range firing."

Q. And can you tell me what comminuted fractures are?

A. **Comminuted fractures means it's more complex than just a straight linear fracture across the bone, so it's multiple -- it's a complex fracture would be the easiest way to describe it.**

Q. **Is that something you typically see in a gunshot wound?**

A. **Yes.**

Q. **Are you able to identify those injuries in any of the photographs?**

A. **Okay. So the entrance is 1169, and the exit is 1168.**

Q. **Actually, you can see both in both photos really, right?**

A. **Yeah, you can see it at the bottom of 1168 and the top of 1169.**

Q. **Fair for me to assume that that's nonfatal?**

A. **Correct.**

Q. **All right. No. 17.**

I'm sorry. Have you finished writing?

A. **Yes.**

Q. **Okay. Thank you.**

A. **"No. 17: In the left axilla, between 8.0**

and 11.0 inches beneath the top of the head, and between 6.0 and 8.0 inches to the left of the anterior midline, there are multiple red abrasions, ranging from 0.1 to 0.3 inches in greatest diameter.

Q. That means?

A. There's some scratching injuries to the left armpit.

Q. Thank you.

A. They are not fatal.

Q. And No. 18?

A. "No. 18: On the anterior left thigh, there is a red abrasion 0.3 inches in greatest diameter."

This is a scratch on the left thigh that is nonfatal.

Q. In terms of your report and these items identifying evidence of injury, are these conclusions to a reasonable degree of medical certainty?

A. Yes.

Q. The next category is evidence of medical treatment.

Why is that there?

A. **We always document any medical interventions that have been done that we can notice at autopsy, so if there's EKG leads or tubes in the mouth or nose we just document their presence.**

Q. **What did you document here?**

A. **There was an endotracheal tube in the mouth, and there was a decompression needle on the left side of the chest. This is standard when you go to the ER with a gunshot wound of the chest. They'll put a needle in the chest to try to let air out of the chest cavity if air has gone into it.**

Q. **You also detailed the x-rays that were done, and we talked briefly about that before, and this category or this portion of your report reviews or identifies the injuries that you observed based on the x-rays that were taken?**

A. **This does document some injuries to the skeleton itself. Its main utility is for location of projectiles, so when we take x-rays at the beginning of a case, we note where retained projectiles are on the body.**

Q. **I assume that's so you know where to look?**

A. **Right.**

Q. **Okay. And can you just briefly explain what you found?**

A. **Sure. So there were x-rays performed as I mentioned on the head, neck, chest, pelvis, abdomen, upper extremities, hand, and the lower extremities.**

No. 1 reads: "There is evidence of dental restoration." That just means he's had dental work done.

No. 2 shows that there's an endotracheal tube, as I mentioned previously, in the mouth. There is a bullet on the upper right side of the back; a bullet on the right side of the chest; a bullet on the right thigh; a bullet over the right side of the pelvis; multiple small bullet fragments across the left arm and hand. There are multiple fractures or the comminuted fractures of the left humerus and left ulna, which are arm bones, and there are multiple rib fractures.

Q. **And, at least, with the next section, you identify the examination that was done after opening the body up --**

A. **Yes.**

Q. **-- is that fair?**

A. **Yes.**

Q. **And the injuries that you observed, those are referenced back in the part we've already discussed?**

A. **Correct.**

Q. **Incidentally, did you find any evidence of illness or disease in Mr. Othman?**

A. **Nothing significant, no.**

Q. **And apparently you took some sample of some tissue?**

A. **Yes.**

Q. **That was for what purpose?**

A. **For toxicology.**

Q. **And was toxicology done?**

A. **Yes, basic tox was performed.**

Q. **Okay. And when you say that, what do you mean?**

A. **So just basic tox is alcohol, cocaine, and opiates.**

Q. **Was anything found to be in Mr. Othman's system?**

A. **No.**

Q. **And it says that a blood card was**

retained?

A. Yes.

Q. And that's for?

A. That's standard protocol at the ME's Office. Every autopsy that's performed, a DNA standard is retained in the chart.

Q. All right. This next section, disposition of evidence, what's that?

A. This just lists the articles that were submitted to the Chicago Police Department as evidence.

Q. And that evidence is taken by somebody from Chicago Police Department?

A. Yes.

Q. Okay. And within Exhibit 2, is there any document that reflects that?

A. I don't see the CPD receipt here. I'm not sure if they routinely provide that with the chart or not.

Q. Okay. And under diagnoses, what were your diagnoses in this case?

A. The first is multiple gunshot wounds, and the second is cerebral edema, which is just nonspecific swelling of the brain.

Q. **So on the last page, page 14, you form an opinion as to the cause of Mr. Othman's death?**

A. **Yes.**

Q. **What is that?**

A. **The cause of death of Mr. Othman was multiple gunshot wounds.**

Q. **All right. I understand after reviewing your report from the autopsy, you obviously numbered the entries and numbered the exits for us. Does each one indicate a separate bullet?**

A. **For most of them, yes. However, there's an injury to the hand. The gunshot wound to the hand I can't be certain of that; the positioning of hand at the time that bullet went through the hand. I don't know if it was say adjacent to another injury and that the bullet had like perforated through the body and then went into the hand, for example, or if it went through the hand and into the body again.**

Q. **So there are at least two additional wounds that -- or at least two wounds on Mr. Othman's body that could have been caused by re-entry of bullets?**

A. If you're referring to the arm.
Q. To the arm as well?
A. The right arm, yes.
Q. Okay.
A. At least two. Correct.
Q. So each number doesn't necessarily indicate a separate event?
A. Correct.
Q. Okay.
A. Actually, let me revise that.
So the graze wound also. I don't know if the graze -- the graze could have been from another -- could have been part of one event related to an entrance, so the graze wound I can't separate it. It could be related to another as well.
Q. Okay.
A. So that would be three injuries total.
Q. Okay. Thank you.
Are you able to say based upon your examination what position Mr. Othman was in at the time of the shooting?
A. Could you be more specific?
Q. Are you able to say what he was doing;

whether he was standing, moving?

A. No, not with any certainty.

Q. Are there any of the bullet trajectories that indicate to you that Mr. Othman was in motion at the time of the shooting?

A. I would say as a whole because they are in several different anatomic locations and they are traveling in several different directions: Some from front to back; some from back to front; some from side to side. That indicates to me movement of the body relative to the weapon.

Q. So if the weapon were stationary?

A. If the weapon were stationary, the body -- it indicates that his body was moving.

Q. Okay. And can you say in what kind of fashion?

A. I can only say that it moved -- relative to a stationary weapon it is moving in several different angles. It appears as though it's turning. He's turning and so you have injuries to the front, injuries to the side, and injuries to the back. I don't know what direction he's turning, and I don't know what direction is first or last or anything like that, but it does appear

that with that assumption the body is moving.

Q. Okay. Have you encountered -- have you had an autopsy like this where you've had multiple trajectories in multiple directions?

A. Have I had them before?

Q. Yes.

A. I have, yes.

Q. Does that happen often --

A. It's --

Q. -- or is it atypical?

A. It's highly dependent on the circumstances, so most cases don't have this many injuries to them. So it's hard to say that you would see different directions. In cases with many, many gunshots it's not atypical to see different positions or different trajectories of the gunshot wounds so...

Q. Are you able to say whether Mr. Othman was shot in the back while lying face-down on the ground?

A. No.

Q. And why is that?

A. I can't comment as to the specific position of a body. All I can say is relative to

the weapon how the body was placed, so I could say that a weapon was pointed towards -- or the bullet traveled towards his back from the weapon that was pointing at his back, but I can't say he was laying on the ground when the weapon was pointing at his back.

Q. And with bullet trajectories, is there -- strike that. Let me rephrase.

Can you tell me whether you typically see trajectories that go direct or trajectories that move around within the body? I mean, is that dependent on circumstances?

A. A wound course in general typically will create a pretty discrete path. However, if it hits bone or other hard objects in the body, the path can move. Yes, it can be variable depending on what is in the way of the bullet as it's traveling through the body.

Q. And did you find both those circumstances here?

A. Yes.

Q. Would you expect to see straight trajectories if both the shooter and the target are stationary?

A. **It would be more likely, yes.**

Q. **On the last page of your report, page 14, under manner of death, you indicate that it's homicide?**

A. **Yes.**

Q. **And is it fair to say that just means death at the hands of another?**

A. **Yes.**

Q. **So it doesn't indicate any wrongful conduct?**

A. **That's correct.**

Q. **I just want to look at your diagram on 1127 and 1128.**

Is it fair for me to assume that at least on page 1128 that you're going to have some difficulty reading what's on that sheet?

A. **Yes.**

Q. **Do you typically highlight after you --**

A. **I do especially in a case that's complicated such as this one.**

Q. **And so is that what these dark marks would indicate?**

A. **Yes, these are -- my report is basically direct transcription of these notes into the typed**

report, so there wouldn't be any surprises lurking underneath the highlighting.

Q. This information is going to be consistent --

A. Yes.

Q. -- with what's in the full report?

A. Right.

Q. Okay. And these are the sheets that you write up as you're doing them conducting the autopsy?

A. Yes.

Q. Is there anyone else's handwriting on this or is it all yours?

A. There shouldn't be. It is all mine. Yes.

MS. REICH: Maybe we can take a quick break?

(Whereupon, a short break was taken.)

BY MS. REICH:

Q. Doctor, I just have a couple of last questions.

Are you able to say with any degree of medical certainty which shot was the fatal shot?

A. **No.**

Q. **Again, you're not able to tell what order the shots occurred, right?**

A. **Correct.**

MS. REICH: It's all yours.

E X A M I N A T I O N

BY MR. KOCHANOWICZ:

Q. **All right. You mentioned that this was a complicated case.**

Why is this a complicated case?

A. **Just in terms of number of entries and exits.**

Q. **Is this the most entries and exits you've seen in your experience?**

A. **No.**

Q. **Counsel asked something to the effect of would you expect to see straighter trajectories if the shooter and the target were both stationary, and you replied yes.**

Why is that?

A. **Because a stationary weapon shoots a bullet theoretically in a linear path. If there's no intermediary target or anything getting in the way, it should hit its target straight on.**

Q. **Isn't there a great chance that if it hit a bone or a rib or something and it projects somewhere else as if -- as the target were moving?**

A. **Well, that's true, but I mean if we're just talking about a straight -- my interpretation of the question was if a weapon is stationary and the target is stationary, will you see a straighter path than if they are not.**

Q. **Assuming it doesn't hit anything?**

A. **Correct, and that my answer was yes, it should be straighter than if one was not.**

Q. **How long does it take a bullet to travel through the entire -- say, you know, if you strike someone in the chest and it doesn't hit anything, how long would it take to travel out of someone's back?**

MS. REICH: Objection; form, foundation, compound.

THE WITNESS: I can't give a specific number.

BY MR. KOCHANOWICZ:

Q. **Would it be relatively instantaneous?**

A. **Yes.**

Q. **Can you describe -- I don't want you to**

restate anything you've already told us, but the process of your autopsy, you walk in at 8:00 in the morning.

What has been done at that point and then what do you prepare to do?

A. In general, the case has been entered into the system, so it comes into the intake department at the ME's Office at which point they catalog visible personal effects and clothing.

If it's a homicide, they're not going to disturb the body and remove anything that they can't just pick up and catalog. The body is weighed with clothes on.

If it's a case that requires x-rays as in this instance, it will go to radiology for examination before the actual autopsy and then from radiology it either goes into storage for a while in the cooler or it goes directly to autopsy.

Q. And then as you start your examination, the first part of that process is taking photographs?

A. So the first part is documenting what the external -- of the external is documenting the clothes and whatever is with the body and then the

photographs start of the injuries and other things that are noted that are pertinent.

Q. Okay. And then after the photographs of the exterior are taken, then you make the incision and remove the interior organs?

A. Yes.

Q. You mentioned that there were -- you had most likely an assistant. There was a medical student there most likely?

A. Yes.

Q. You said most likely someone from the IPRA?

A. Yes.

Q. And you mentioned that there were other individuals there.

Were there other individuals assisting you or would they come and watch or are they working on their own cases?

A. No, my only -- the only person I allow to touch the body during that case is my tech, so it's me and my tech. Everyone else is observing. That is aside from the x-ray tech who has to move the body.

Q. I'll show you FCRL 1145.

Are you able to identify whether that's your hand holding that?

A. **It most likely is because I'm usually the one holding the tag where I want her to take the photo.**

Q. **Okay. You mentioned in terms of the close-range firing to two indications, and one would be gunshot residue on the skin is one indication, correct?**

A. **Yes.**

Q. **And the other would be stippling?**

A. **Yes.**

Q. **And is that impacted at all if the decedent is wearing clothes at the time?**

A. **Yes, it is.**

Q. **So if someone is fully clothed, would you still see evidence of gunpowder on the skin if the gunshot theoretically entered through clothing?**

A. **You most likely would not, no.**

Q. **Would you see still stippling on the skin if theoretically the gunshot entered through clothing?**

A. **It depends on how thick the clothing is.**

Q. **Is there any way for you to determine,**

you know, any of the entrance wounds here distance away from a weapon?

A. No.

Q. There's no way for you to determine whether some of these wounds were inflicted when the weapon was closer as opposed to farther?

A. That's correct.

Q. I notice that some of the entrance wounds there's more significant bruising around the -- what I would call bruising around the entrance wound.

Is there any particular reason for that?

A. I can't give a specific explanation for it. Sometimes if that part of the body is touching something, it will bruise because, you know, the skin will pouch out as the bullet is traveling through and it will basically -- it will be blunt-force injury to that part of the skin. Sometimes it's just the actual trauma of the bullet entering that causes bleeding into the soft tissues around the entrance.

Q. Back to close-range firing.

Assuming someone is shot at within

two feet of the weapon, is there -- would there be more damage or less damage as opposed to a weapon being further away; maybe five feet away, ten feet away?

MS. REICH: Objection to the extent it calls for speculation, foundation, competence.

THE WITNESS: Could you specify what more damage means?

BY MR. KOCHANOWICZ:

Q. Do you see different -- would the entrance wound appear differently if the weapon is closer as opposed to farther?

A. The actual entrance wound most likely would not look much different. It's what you see around the soot and the stippling that may differ.

Q. Do you have any independent recollection of this autopsy?

A. Not beyond remembering that I did it.

Q. Did you prepare for this deposition today?

A. Yes.

Q. How did you prepare for it?

A. I just reviewed my written report and compared my descriptions with the photographs.

Q. **Did you speak to anyone regarding this deposition today?**

A. **I had met several weeks ago with Gail and Barrett just to discuss what we discussed today, the injuries and their locations.**

Q. **And what did you guys talk about?**

A. **Basically what we talked about today, so the different locations of the gunshot wounds and the fact that they had multiple angles and, you know, how that might translate into movement of the body or not.**

Q. **Okay. Are you able to determine or did you make any determination based on your examination of Ramiz Othman whether he was, in fact, moving or whether the weapon involved was moving or both?**

A. **No, I can't state with any certainty who was moving.**

Q. **Prior to your examination, your autopsy, did you speak with any investigators, either with the police department or the IPRA or anyone?**

A. **Not that I recall. I did -- my first indication of this case or my first information on this case was the investigator's report, which is**

part of the medical records or the records that you have, and that is, to the best of my knowledge, all I really knew about the case before I did it. I think it's 1129.

Q. And you would have had this prior to conducting your autopsy?

A. Yes.

Q. Did that influence how you conducted this autopsy at all?

A. No, I do all multiple gunshot wounds the same way.

Q. You don't attempt to recreate the scene of this incident or any incident. Is it my understanding that you're just looking at an entrance wound, and you're looking to find the exit wound?

A. That's correct.

Q. When you say potentially fatal, what do you take into account when you say yes, that particular wound is potentially fatal or that is not potentially fatal?

A. So technically speaking, any gunshot wound can be fatal. It depends on whether you seek treatment. You know, a superficial gunshot wound

could get infected and kill you even if it doesn't hit any major organ.

But if a bullet goes through an organ like the liver or kidney, that's got a lot of blood vessels in it, and it's going to bleed significantly or if it hits a major blood vessel and rips a hole in it, that to me is more likely going to be fatal than something that just travels through muscle or fat or breaks some ribs, for example. So unless you seek medical treatment in a timely fashion, those will more likely than not kill you.

Q. What would you -- how would you define a timely fashion?

A. As soon as possible. I mean, I can't give you exact time, but as soon as possible.

Q. I'm going to ask you to refer to your report again.

A. Okay.

Q. Okay. You don't have to read it out loud again, but obviously you probably need to refer to it.

In terms of No. 1, this is an assumption I'm going to make for this next series

of questions.

A. Okay.

Q. It's my understanding, and I'm going to suggest to you that the time of shooting was around 9:19 a.m.

A. Okay.

Q. About 9:50 Ramiz Othman was at the hospital and pronounced dead, so within that half hour, he had been transported by ambulance to the hospital.

So making that assumption over this next series of questions, I'm going to ask you with regard to No. 1, you did say that No. 1 -- it's your opinion that that wound would have been potentially fatal.

Does that change your opinion at all if he gets to the hospital and is undergoing treatment within a half-hour?

A. No.

MS. REICH: Just for purposes -- I'm going to say it's an incomplete hypothetical, but carry on.

BY MR. KOCHANOWICZ:

Q. No, that doesn't change your opinion?

A. **Uh-uh.**

Q. **Could he have survived that injury?**

MS. RUBENS: I'm sorry. You've got to ask her to say no. She said uh-uh.

THE WITNESS: No.

MS. RUBENS: There you go.

BY MR. KOCHANOWICZ:

Q. **Could he have survived that injury?**

MS. REICH: Objection, calls for speculation, foundation.

THE WITNESS: I don't think I can answer that with any degree of certainty. It's possible he could have. It's possible he couldn't have.

BY MR. KOCHANOWICZ:

Q. **Okay. And to No. 2, then I'm going to ask the same questions.**

A. **Okay.**

Q. **So you said that No. 2 was potentially fatal as well?**

A. **Correct.**

Q. **I'm going to ask you if he was at the hospital within 30 minutes and seeking treatment, would that change your opinion at all that that was potentially fatal?**

MS. REICH: Same objection.

THE WITNESS: No, it doesn't.

BY MR. KOCHANOWICZ:

Q. Could he have survived that wound or bullet No. 2?

MS. REICH: Objection, calls for speculation.

You can answer.

THE WITNESS: I can't answer that question.

BY MR. KOCHANOWICZ:

Q. Is your answer the same as previously?

A. Yes.

Q. You don't know. He could have or could not have?

A. It can go either way.

Q. With regards to No. 3, you said that was not fatal?

A. Correct.

Q. No. 4, you did say that was potentially fatal.

Does the answer change at all knowing he was at the hospital within 30 minutes and seeking treatment?

A. **No.**

MS. REICH: Objection; form, foundation, calls for speculation.

BY MR. KOCHANOWICZ:

Q. **Could he have survived the injury in item No. 4?**

MS. REICH: Objection, speculation.

THE WITNESS: He could have or couldn't have. I can't say for sure.

BY MR. KOCHANOWICZ:

Q. **No. 5, you said that was not fatal, not potentially fatal. No. 6, you said that was not potentially fatal.**

A. **Correct.**

Q. **No. 7, you said that could be potentially fatal.**

A. **Correct.**

Q. **So I'm going to ask you if he was at the hospital within 30 minutes of that injury seeking treatment, does that change your opinion or your answer at all?**

A. **No.**

MS. REICH: Same objection.

BY MR. KOCHANOWICZ:

Q. Could he have survived that?

MS. REICH: Same objection.

THE WITNESS: It's possible he could have, but he also could have died from it.

BY MR. KOCHANOWICZ:

Q. Okay. The injuries, the gunshot wounds indicated in item Nos. 1 through 18 together, could Ramiz Othman have survived those gunshot wounds together?

MS. REICH: Objection to the extent it's asked and answered, foundation, form, calls for speculation.

THE WITNESS: It's possible. He could have, but you mean these alone by themselves?

BY MR. KOCHANOWICZ:

Q. Correct, without anything else?

A. It's possible.

Q. No. 8, with respect to item No. 8, you did say that was potentially fatal.

If we assume that he was at the hospital seeking treatment within 30 minutes, would your answer change?

A. No.

MS. REICH: Same objection.

BY MR. KOCHANOWICZ:

Q. Is it possible he could have survived the injuries indicated in No. 8?

MS. REICH: Same objection.

THE WITNESS: Theoretically, yes.

BY MR. KOCHANOWICZ:

Q. Okay. No. 9. I don't remember if you said No. 9 -- I didn't write down whether you indicated that was potentially fatal or not.

A. This I don't believe is potentially fatal. It involves the muscle of the back.

Q. We'll skip that one then.

No. 10, you did say that was potentially fatal.

Assuming he was at the hospital seeking treatment within 30 minutes, would that change your answer at all?

A. No.

MS. REICH: It's an incomplete hypothetical.

BY MR. KOCHANOWICZ:

Q. Could Ramiz Othman have survived the injuries as indicated in No. 10?

MS. REICH: Objection, speculation.

THE WITNESS: In theory, yes, it's possible.

BY MR. KOCHANOWICZ:

Q. No. 11, you did say that was potentially fatal.

A. Correct. Yes.

Q. Assuming he was at the hospital within 30 minutes seeking treatment, does that change your answer at all?

MS. REICH: Same objection.

THE WITNESS: No, it does not.

BY MR. KOCHANOWICZ:

Q. Could he have survived the injury indicated in No. 11?

MS. REICH: Same objection.

THE WITNESS: Yes, it's possible.

BY MR. KOCHANOWICZ:

Q. No. 12, you indicated that was potentially fatal.

Assuming that he was at the hospital within 30 minutes seeking treatment, does that change your answer at all?

MS. REICH: Same objection.

THE WITNESS: No, it does not.
BY MR. KOCHANOWICZ:
Q. Could he have survived the injuries in No. 12?
MS. REICH: Same objection.
THE WITNESS: It is possible, yes.
BY MR. KOCHANOWICZ:
Q. No. 13, you indicated that was potentially fatal.
Assuming he was at the hospital seeking treatment, does that change your answer at all?
A. No.
MS. REICH: Same objection.
BY MR. KOCHANOWICZ:
Q. Is it possible that he could have survived the injury indicated in No. 13?
MS. REICH: Same objection.
THE WITNESS: Theoretically, yes.
BY MR. KOCHANOWICZ:
Q. I'm going to suggest to you that the injuries indicated in 8, 9, 10, 11, 12, and 13, I believe those are all wounds that entered through the back and either exited through the front of the

body somewhere, but the primary entrance one is in the back.

Would you agree with that?

A. Yes.

Q. The injuries indicated in items Nos. 8 through 13, would those have contributed to Mr. Othman's death?

MS. REICH: Objection; form, foundation, speculation.

THE WITNESS: Yes, they did contribute to his death.

BY MR. KOCHANOWICZ:

Q. From the time of his -- do you know the procedure at the hospital when he's pronounced dead what happens to his body at that point?

A. No, I don't.

Q. From the time he's pronounced dead until the next day when you begin his autopsy, does he still bleed internally?

A. To a degree.

Q. Are you able to tell and were you able to tell in examining the wounds to Mr. Othman whether they were -- incurred by Mr. Othman within a relatively short period of time? What I'm asking

is, I guess, could some wounds have been incurred 30 minutes or later than others?

MS. REICH: Objection to the extent it calls for speculation.

THE WITNESS: I can say they all occurred about the same time. 30 minutes is a really short window. I wouldn't be able to tell by looking at an injury if it happened at 12:00 or 12:30, for example, but they're all fresh and happened at the same time.

BY MR. KOCHANOWICZ:

Q. And maybe I understand that part of the question, but my follow-up question is then -- and you might have just answered it, but I misunderstood that part, was when are you able to tell whether bullet wounds have been incurred at separate times? How many -- how much time passes?

MS. REICH: Objection, form.

THE WITNESS: I can't give you a specific time frame. It just depends on how fast someone starts to heal.

Different people heal at different rates, so once your injury starts to begin that process of scabbing and crusting over and healing

itself, at that point I can visually look at it and say okay, this one is crusting over. It's starting to heal. This one is not.

These are two different points, but each person is different, so I can't look at him and say this would happen at this rate.

BY MR. KOCHANOWICZ:

Q. To me, that sounds like a long period of time.

Does scabbing, that healing process start to occur before 24 hours?

A. I can't say for sure.

Q. Do you know how many total shots were fired at Mr. Othman?

A. No.

MS. REICH: Objection, speculation.

BY MR. KOCHANOWICZ:

Q. In terms of the x-rays that were taken, it indicates that there were minute bullet fragments?

A. Yes.

Q. Is it possible for a bullet to completely disintegrate when hitting a bone or a rib or something like that?

A. **Yes.**

Q. **When it refers to minute bullet fragments, is it possible that a bullet completely disintegrated inside Mr. Othman?**

A. **Yes, this particular injury caused the fractures of the bones in the left arm, so that amount of force can cause a bullet to shatter.**

Q. **Okay. It's also possible that part of the bullet -- the minute fragments remained in his arm, and the rest of the bullet exited his arm, correct?**

A. **Yes, that's also possible.**

Q. **Was it your finding that Mr. Othman's multiple rib fractures were caused by the bullets?**

A. **Yes, several different gunshot wounds contributed to rib fractures.**

Q. **That were no other causes of the rib fractures?**

MS. REICH: Object to foundation.

THE WITNESS: No.

BY MR. KOCHANOWICZ:

Q. **What would cause cerebral edema?**

A. **This is a nonspecific postmortem finding, so it's caused by lack of oxygen to the brain; so**

as a person is dying, the brain swells because they are oxygen-deprived.

Q. The information that we talked about previously in the investigator's report on page -- or FCRL 1129 --

A. Okay.

Q. -- it says telephone investigation.

Was that something your office enters? Can you describe to me if you know what that means?

A. Yes.

MS. REICH: Objection, foundation.

THE WITNESS: Yes, so at the ME's Office here in Cook County, if there is a traumatic death that's seen in emergency room or a hospital, they have to call the Medical Examiner's Office to report it. This is basically information that's obtained by talking to the nurse who reported the death over the phone, which is why it indicates telephone investigation.

BY MR. KOCHANOWICZ:

Q. So this is the detective, and it mentioned in the report Detective Stanek. Detective Stanek is talking to a nurse in the ME's

Office?

MS. REICH: Objection, speculation.

THE WITNESS: No, the nurse is in the -- at Christ. She calls to report the death, but if you look up at the top, there's a category listed on the left, person or persons interviewed. This just -- this lists the different individuals that the ME investigator spoke with to complete this report.

MR. KOCHANOWICZ: Okay.

THE WITNESS: So they spoke with two different people.

BY MR. KOCHANOWICZ:

Q. And who is the -- is the ME investigator indicated on this form somewhere?

A. The signature is at the bottom, No. 68, and I'm trying to see if he wrote out his name. I don't know if his name is printed on here anyway, but it's ME Investigator 68, and I don't recall whose signature that is.

Q. So they would have -- this summary here would have been obtained from the nurse?

A. Part of it, yes.

Q. Part of it, and possibly part of it from

Detective Stanek?

MS. REICH: Objection; speculation, foundation.

THE WITNESS: The first sentence really is all the nurse contributed; this person died.

MR. KOCHANOWICZ: Okay.

THE WITNESS: So the rest of it, as I read this report, my interpretation is that the detective related the rest of the information.

BY MR. KOCHANOWICZ:

Q. Are you able to rule out whether Ramiz Othman was moving toward or away -- are you able to determine whether Ramiz Othman was moving toward or away from the gunman in this instance?

MS. REICH: Objection; form, foundation, speculation.

THE WITNESS: No, I can't determine that.

MS. REICH: Competence.

BY MR. KOCHANOWICZ:

Q. Are you able to determine whether Ramiz Othman was trying to protect himself while he was being shot?

MS. REICH: Same objections.

THE WITNESS: I can't determine that.

BY MR. KOCHANOWICZ:

Q. You indicated previously when we were talking about bullets passing through part of the body, you moved your left hand in front of your body this way. (Indicating.)

A. Yes.

Q. When, in fact, the bullet entered his palm, it's my understanding.

A. Yes.

Q. Would that be correct?

A. (Nodding of the head.)

Q. Would that possibly be an indication that he was trying to protect himself if the bullet enters through his palm?

A. It's possible.

MS. REICH: Objection; form, foundation.

THE WITNESS: It's possible, but all I can really say is that it entered the front of his hand.

BY MR. KOCHANOWICZ:

Q. You didn't have any other clinical information or medical records for Ramiz Othman when you did this autopsy, did you?

A. Not to my knowledge, no.

Q. **Okay. Any other documentation that is not here in the report that was available to you that you referred to in terms of conducting this autopsy?**

A. **No, not that I recall.**

MR. KOCHANOWICZ: I'm going to show you what I will mark -- could you mark that Group Exhibit 4?

(WHEREUPON, PHOTOGRAPHS WERE MARKED DR. McELLIGOTT DEPOSITION GROUP EXHIBIT NO. 4 FOR IDENTIFICATION AS OF 6/5/13.)

BY MR. KOCHANOWICZ:

Q. **I'm going to show you what's been marked as Group Exhibit 4.**

A. **Okay.**

Q. **I'm going to suggest to you that this is the location where Ramiz Othman was lying when he was treated or taken to the hospital by the appropriate EMT's.**

A. **Okay.**

Q. **And I'll ask you have you ever in your experience reviewed crime scene photographs?**

A. **Yes.**

Q. **Considering the number of gunshot wounds that Ramiz Othman sustained, does the amount of blood here that is on the floor indicate anything at all to you?**

MS. REICH: Objection; form, foundation, speculation, competence.

THE WITNESS: Could you be more specific?

BY MR. KOCHANOWICZ:

Q. **Would you suspect that there would have been more or less blood on the floor here considering the number of wounds that Ramiz Othman sustained?**

MS. REICH: Objection, speculation.

THE WITNESS: No, I don't draw any conclusions from the amount of blood relative to the number of injuries.

BY MR. KOCHANOWICZ:

Q. **Considering Ramiz Othman sustained at least 14 wounds, would you expect that he would bleed externally a substantial amount?**

MS. REICH: Objection to the form of the question, mischaracterizes previous testimony.

MS. RUBENS: Assumes facts not in evidence.

MS. REICH: And vague.

THE WITNESS: I expect generally that someone who has been shot multiple times will bleed, but I can't say how much or how little they're going to bleed.

BY MR. KOCHANOWICZ:

Q. Some people bleed more than others or does it --

A. Some bleed more than others. It's true. They do.

Q. Does it depend on the location of the wounds as well?

A. If they're wearing clothes, the clothes could get saturated by blood and not leave as much on the ground so...

Q. With respect to your report, evidence of injury No. 1 --

A. Okay.

Q. -- previously marked FCRL 1145 --

A. Yes.

Q. -- this is the one I marked, but you indicated that there was a downward -- the entrance wound was by Ramiz Othman's left side of his neck, and the exit wound was right by the chest. You

indicated that was a downward trajectory of back to front.

Do you make any effort or is it your job to determine how Ramiz Othman was positioned, how his body was located at the time he was shot?

A. No, all I determine is what the entrance wound is and what the exit wound is.

Q. Okay. So, for example, you don't make an effort to indicate whether he was bending over or whether someone was standing above him and shot down?

A. It would be poor practice to do that. I have no way of knowing that at the time of autopsy.

MR. KOCHANOWICZ: All right. I don't have anything else.

MS. REICH: Just a few follow-ups.

F U R T H E R E X A M I N A T I O N

BY MS. REICH:

Q. Counsel asked you about the procedures that occur at the ME's Office prior to your conducting the autopsy.

A. Yes.

Q. And one of the things that you indicated is that personal effects are cataloged, and

clothing is cataloged, and they intake all those items?

A. Yes.

Q. So I'm going to ask you is that reflected? Are the things that were cataloged and that accompanied Mr. Othman identified in FCRL 1131 and 1135?

A. Yes.

Q. Those are the documents that are kept in the ordinary course of business where those things are reported?

A. Yes. Correct.

Q. And that's somebody else that does that, right, not you?

A. Right.

Q. And is it fair to say that at least with -- are these things that you review prior to the autopsy?

A. Yes.

Q. Okay.

A. I should have them prior to autopsy.

Q. Okay. And just for the sake of identifying it, No. 1131, correct me if I'm wrong, indicates that there was a white cell phone, a key

chain with a key on it, a metal chain, a metal medallion. I can't read that word.

A. I think it says white metal chain.

Q. White?

A. Yeah, white metal chain, white metal medallion.

Q. Okay. Two $100 dollar bills. I think that says four $20 bills and three single dollar bills; is that fair?

A. Yes, that's what I see.

Q. And were those items with the body when you --

A. No, the personal effects, especially valuables, are placed in a safe.

Q. By someone at the ME's Office?

A. Right, by the intake attendant.

Q. Oh, okay.

A. Whoever filled out this form.

Q. And turning to 1135, this is the clothing that accompanied Mr. Othman?

A. That's correct. This is actually the -- kind of an after-the-fact inventory, so this again goes through intake, but this is the clothing that is -- has already been examined and documented

so...

Q. And turning to Group Exhibit 3, the photographs --

A. Yes.

Q. -- the clothing that's described in FCRL 1135 on that clothing inventory sheet --

A. Yes.

Q. -- is it fair to say that in FCRL 1172, 73, 74, 75, 76, and 77 are, in fact, that clothing?

A. Yes.

Q. Okay. And looking at FCRL 1157, was that Mr. Othman's shirt that accompanied him?

A. Yes, it's one of them. I can't tell if it's the T-shirt or the sleeveless shirt though.

Q. I'm sorry. There were two?

A. Yeah, so that's the sleeveless shirt there. I believe that photo you were just showing me was the short-sleeved shirt. Yes.

Q. So there was a sleeveless shirt like a tank top?

A. Right.

Q. And then another shirt as well?

A. Right.

Q. Okay. So 1175 is a T-shirt, and 1173 is

a --

A. **Sleeveless shirt.**

Q. **-- sleeveless shirt? Okay.**

Is it fair to say they're both blood-soaked?

A. **Yes.**

Q. **You did some examination of the clothing, right?**

A. **Yes.**

Q. **Did you find any gunshot residue on the clothing?**

A. **Not that I recall. I would have noted it if I had found something significant on the clothing, but I am not a clothing examination expert by any means.**

Q. **You do indicate though in the first paragraph of your external examination that the clothing contained gunshot defects?**

A. **That's correct.**

Q. **So that was observable to you?**

A. **Yes.**

Q. **Oh, so is the black belt. That also had a gunshot defect?**

A. **Correct.**

Q. **Okay. Counsel was asking you about the wounds that were potentially fatal, both front and back, right?**

A. **Yes.**

Q. **Just a few minutes ago, do you remember that?**

A. **Yes.**

Q. **Is it possible that Mr. Othman could have been mortally or fatally wounded as a result of a shot to the front before any bullet entered his back?**

A. **Yes, it's possible.**

Q. **Your report also indicates in several places, and correct me if I'm wrong, that there was internal bleeding?**

A. **Correct.**

Q. **Is that something that's unusual with gunshot wounds?**

A. **No.**

MS. REICH: Okay. I have nothing further.

F U R T H E R E X A M I N A T I O N

BY MR. KOCHANOWICZ:

Q. **Do you have any knowledge of whether or**

not Mr. Othman was alive when he was removed from the residence, the location of this shooting?

A. I assume he had vitals because he was -- again, he was intubated, and they attempted some lifesaving measures, but I don't know for certain.

Q. Do you have any opinion whether any of the gunshot wounds, any one or several of the gunshot wounds, were more fatal or potentially fatal or less potentially fatal than others?

MS. REICH: Objection to the form of the question.

MS. RUBENS: Asked and answered.

MS. REICH: And to the extent it's asked and answered.

THE WITNESS: Aside from what we've gone through, the -- there were some that were by themselves less fatal than others, and there were some that by themselves are potentially fatal.

BY MR. KOCHANOWICZ:

Q. In terms of the determining the cause of death, the multiple gunshot wounds, are you considering everything that we've talked about in terms of being potentially fatal or are you determining all those wounds or injuries in terms

of determining that cause of death?

A. As a collective whole, as a group, they are all fatal together.

Q. Okay.

A. Which is why we say multiple gunshot wounds because we can't pick one over another.

Q. There was no, for example, collection of blood in the lungs or one particular wound or specific injury where you said hey, that one was definitely more serious than others?

MS. REICH: Objection to form.

MS. RUBENS: And I'll say outside of what she's already testified to.

THE WITNESS: In the wording, are you referring to why I word the cause of death the way I word it? I guess I'm just confused by the question.

BY MR. KOCHANOWICZ:

Q. Yes.

A. No, I don't select one in terms of potential fatality over another.

Q. Okay.

A. So just because they are more than -- is more than one gunshot wound, it goes out as

multiple gunshot wounds with all of them contributing to death.

MR. KOCHANOWICZ: Okay. I have nothing else.

MS. REICH: Okay. At this point, you've given depositions before, so would you care to reserve signature or waive signature?

THE WITNESS: I'll reserve it.

(AND FURTHER DEPONENT SAITH NOT)

I hereby certify that I have read the foregoing transcript of my deposition given at the time and place aforesaid, consisting of pages 1 through 123, inclusive, and I do again subscribe and make oath that the same is a true, correct and complete transcript of my deposition given as aforesaid, with corrections, if any, appearing on the attached correction sheet(s).

_____ Correction sheet(s) attached.

_____
HILARY STRAWN McELLIGOTT, MD

Subscribed and sworn to
before me this ____ day of
_____, A.D. 2013.

_____
Notary Public

STATE OF ILLINOIS)
) SS.
COUNTY OF C O O K)

I, Renee M. LaPorta, a Certified Shorthand Reporter in and for the County of Cook and State of Illinois, do hereby certify that on the 5th day of June, 2013, I was present at 30 North LaSalle Street, Suite 900, Chicago, Illinois, at the taking of the deposition of HILARY STRAWN McELLIGOTT, MD, produced as a witness for discovery examination in said cause.

I further certify that the said witness, HILARY STRAWN McELLIGOTT, MD, was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid before the taking of the deposition; that the testimony was reduced to writing in the presence of said witness by means of machine shorthand, and afterwards said stenographic notes were reduced to typewriting.

I further certify that there were present at the taking of the deposition MR. CHRISTOPHER S. KOCHANOWICZ, on behalf of the Plaintiffs; MS. GAIL REICH, on behalf of the Defendant, City of Chicago; and

MS. BARRETT E. RUBENS, on behalf of the Defendant, Aaron Carranza.

I further certify that I am in no way related to any of the parties to this suit, nor am I in any way interested in the outcome thereof.

I further certify that this certificate annexed hereto applies to the original and typewritten copies only, signed and certified transcripts only. I assume no responsibility for the accuracy of any reproduced copies not made under my control or direction.

In testimony whereof, I have hereunto set my hand and affixed my signature this 18th day of June, 2015.

RENEE M. LaPORTA

CSR No. 084-004328
My Commission expires 5/31/15

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